

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Main  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164  
County Registrar No. 482  
Local Registrar No. \_\_\_\_\_

2. Full name of child James Edwin Harvey (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other yes 5. Legitimate? yes 7. Date of birth January 18 1926 Month Day Year

8. FATHER  
Full name Linton Corwin Harvey

9. Residence (Usual place of abode) Main, Arizona  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Blackham  
(State or country) Louisiana

13. Occupation Clerk  
Nature of Industry Clothing store

14. MOTHER  
Full maiden name Aline Smith

15. Residence (Usual place of abode) Main, Arizona  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Homer  
(State or country) Louisiana

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:13 A. m. on the date above stated (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. J. J. J. (Physician or midwife) Address Main, Arizona

Given name added from a supplemental report. Filed Feb 3 1926 Local Registrar. Month, day, year

Registrar Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

148-114-126